| Amendr | nent |
|--------|------|
| ☐ Yes | ☐ No |
| | |

Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

| This form must be accompanied by form CRO-3500. | | |
|--|--|--|
| a, Full Name | | |
| Company of the Compan | A STATE OF THE PARTY OF THE PAR | c. ID Number |
| partitors for prograss | No hand I have been | |
| b. Mailing Address (include City, State and Zip Code) | JL 2 5 2014 | d. Date Organized |
| P.O 730 x 554 | | 7-14-H |
| Dublin, NC. MENTES | OARD OF ELECTIONS | e. Phone Number |
| 28332 | - The State of State | 910-874-3333 |
| 2. Treasurer Information | 4 Custodian of Books in | formation (2) |
| a. Full Name | a. Full Name | |
| Jeffrey Scott Smith | Cindy Brisson | hewis |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include Ci | ty, State, and Zip Code) |
| PD. Bix 554 | 473 Brisson | Carroll Rd |
| C. Phone Number d. Email Address | Tarkeel, n | .c. 28342 |
| c. Phone Number d. Emall Address | | ll Address |
| 910-874-3333 Jeffrey Snith OEC. RR. com | 910-729-9754 Pati | tamo.com |
| 5. Assistant Treasurer Information Add Add | | (and, CRO-3500) |
| a. Full Name | a. Financial Institution Full Na | me Romove |
| | Wells FAR | GO RANK |
| b. Mailing Address (Include City, State, and Zip Code) | b. Parpose | |
| | Accept And to | ack Douations T |
| c. Phone Number d. Email Address | c. Account Code d. Type | |
| | c/a | ectare |
| CERTIFICATION | | CCC |
| I certify that the Committee or Fund is in compliance with Chapter 163 of the NC General Statutes and that no funds I further certify that this report is complete, true and corre is registered with the North Carolina State Board of Electidefined by N.C. Gen. Stat. 163-278.6(6), directly or indire contributions to candidates. Political committees signing set forth in subsections (a) and (b) of N.C. Gen. Stat. 163-of Chapter 163 of the North Carolina General Statutes. If adhere to this certification, then it must immediately notify deposits or expenditures are made by the political committees. If Treasurer is outside of NC, both the Treasurer and NC Annual Name of Signer. | are commingled with prohibited and that I certify that the atons and does not and will needly, to a candidate or a polithis certification are not subjectly. 3 but must abide by all the political committee determined the North Carolina State Boatee. | bited or other non-disclosed funds, above named political committee at make any contributions as tical committee that makes ect to the contribution limitations other provisions of Article 22A rmines that it no longer wishes to ard of Elections before any further |
| Printed Name of Signer Sig | nature of NC Assistant Treasurer | Date |

1 pstin

| Amendm | ent |
|--------|------|
| Yes | □ No |
| 7 | |

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| | accompanied by form CRO-3500. | ident Expenditure ro | nerear commi | uee. |
|------------------------|--|---------------------------|-----------------|--|
| | ormation | | | |
| a. Full Name | | | | c. ID Number |
| PAtriots | For Progress | Receive | 24 | |
| b. Mailing Address (in | clude City, State and 2/p Code) | | 20 | d. Date Organized |
| P.O. Box | | AUG 62 | Ω1 4 | 7-17-14 |
| Duldin, Na | - 28332 | | | e. Phone Number |
| | | Campaign Fi | nance | |
| 2. Treasurer Info | rmation | 4 Costopian of B | ooks Intorma | iton the Market |
| a. Full Name | | a. Full Name | | |
| Manage | da Collins | Ama | nda (| COLLINS |
| | clude City, State, and Zip Code) | b. Mailing Address (in | | |
| Jo Be | the Churchild | · _ | | runch Rd |
| 111 | Jarheel, M.C 28392 | To | arhee | 1, n.c 28392 |
| Phone Number | d. Email Address | c. Phone Number | d. Email Adde | *** |
| 910-212- | Patriots for progress @ YAlco | 7312 | patriots | forprogress@yatoo.co |
| | urer Information - Add | 6. Account Inform | | |
| ı. Full Name | , Remove | a. Financial Institution | Full Name | □ Remove |
| | | | | |
| . Malling Address (in | clude City, State, and Zip Code) | b. Purpose | | ······································ |
| | | | | |
| | | | | |
| . Phone Number | d. Email Address | c. Account Code | d. Type | |
| | | | | · |
| CERTIFICATION | J | <u> </u> | | |
| | | | | |
| I certify that the C | Committee or Fund is in compliance with | all applicable provis | ons of Article | e 22A, 22B & 22D-22M of |
| I further certify th | e NC General Statutes and that no funds at this report is complete, true and correct | are commingled with | prohibited or | r other non-disclosed funds. |
| is registered with | the North Carolina State Board of Election | ons and does not and | will not make | amed political committee |
| gerined by N.C. C | ien. Stat. 163-278.6(6), directly or indirec | ctly, to a candidate or | a politicai co | ommittee that makes |
| contributions to ca | andidates. Political committees signing the | his certification are n | ot subject to t | the contribution limitations |
| set forth in subsec | tions (a) and (b) of N.C. Gen, Stat. 163-2 | 278.13 but must abide | by all other | provisions of Article 22 A |
| adhere to this cert | the North Carolina General Statutes. If the Statutes of the st | the political committe | ee determines | that it no longer wishes to |
| deposits or expend | ification, then it must immediately notify t ditures are made by the political committe | ne North Caronna St ee | ate Board of I | efections before any further |
| | | | | |
| If Freasurer is out | side of NC, both the Treasurer and NC A | Assistant Treasurer m | ust sign Certif | fication. |
| / A = 1 | Calling | In | | 5 |
| - LIManga | Name of Simon | 1 CM | | 8-4-14 |
| Fillite | d Name of Signer Sig | nature of Appointed Treas | surer | Date |
| | | | | |
| Printe | d Name of Signer Sign | alure of NC Assistant Tre | asurer | Date |

| Aniendn | nent |
|---------|------|
| Yes | □No |
| | *44 |

Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

| Committee In Course of the Cou | | |
|--|--|--|
| 1 Committee Information | | aut 1) |
| a. Full Name | - a | c. 1D Number |
| MAILING Address (Include City State and Zin Code) | Rece | 1000 STA - 288 D94-C-1 |
| Mailing Address (include City, State and Zip Code) | | |
| Q.O. Por 559 | 06726 | 2014 |
| | Campai | 7-17-2014 |
| Dublin, 40 28372 | Campsign I | e. Phone Number |
| | | |
| Treasurer Information | 4 Custodian of | Books Information |
| Full Name | a. Full Name | |
| | | |
| Mailing Address (include City, State, and Zip Code) | b. Mailing Address (| nelude City, State, and Zip Code) |
| P.O. BUY 554 | | |
| P.O. Buy 554 Dullin, No 28332 | 1 | |
| Phone Number d. Email Address | c. Phone Number | d. Email Address |
| PATRIOTS For Progress & GLALOU. | | and and the same of the same o |
| Assistant Trasure Information | | |
| Full Name Add | | matina andregrapsino 📙 🗚 |
| Latite | a. Financial Institution | n Full Name Remove |
| | | |
| Mailing Address (include City, State, and Zip Code) | h. Purpose | |
| | j | |
| | | |
| Phone Number of Later Control | | 1 |
| Phone Number d. Email Address | c. Account Code | d. Type |
| | | d. Type |
| Officiats For Progress O YAhos. | | d. Type |
| PATRIOTS FOR PROGRESS OF YAHOS. | iv. | |
| ERTIFICATION I certify that the Committee or Fund is in compliance with | all applicable provi | sions of Article 22A 22D R cop 2014 G |
| ERTIFICATION I certify that the Committee or Fund is in compliance with Chapter 163 of the NC General Statutes and that no funds I further certify that this report is complete, true and correct | all applicable provis | sions of Article 22A, 22B & 22D-22M of h prohibited or other non-disclosed funds. |
| ERTIFICATION I certify that the Committee or Fund is in compliance with Chapter 163 of the NC General Statutes and that no funds I further certify that this report is complete, true and corrects registered with the North Carolina State Board of Election | all applicable provisare commingled wit | sions of Article 22A, 22B & 22D-22M of h prohibited or other non-disclosed funds. hat the above named political committee |
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| | all applicable provider are commingled with common and that I certify the constant does not another than the certification are second and the committed and the political committed the North Carolina Second | sions of Article 22A, 22B & 22D-22M of h prohibited or other non-disclosed funds. hat the above named political committee I will not make any contributions as or a political committee that makes not subject to the contribution limitations le by all other provisions of Article 22A tee determines that it no longer wishes to tate Board of Elections before any further |
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